



Historic Preservation Exterior Stabilization Assistance Application

Please complete the following information on this form and Hand Deliver to:

Thomas Center, Building B, 306 NE 6th Avenue

If you need assistance to complete this form, please contact our office at (352) 334-5022

Application must be Hand Delivered Monday-Thursday between 7:00 am and 6:00pm

PROGRAM INFORMATION

Have you ever received assistance from The City of Gainesville Housing & Community Dev. Division? YES NO

If Yes, Description of Assistance: _____

Date of Assistance: _____

Note: Your eligibility to receive repair assistance may be based on previous assistance received

HOUSING REPAIR ASSISTANCE

What Repairs Do You Think are Needed?	Note: Eligible Repairs are Determined by the City Housing Division
<input type="checkbox"/> Roof	<input type="checkbox"/> Foundation
<input type="checkbox"/> Windows	<input type="checkbox"/> Paint
	Is your roof leaking? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Does your house need paint? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Do you have foundation issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are your windows broken? <input type="checkbox"/> YES <input type="checkbox"/> NO

Year House Built: _____

Type of Construction of House: _____ Wood _____ Masonry/Block

HOUSEHOLD INFORMATION

APPLICANT NAME: _____

Circle One: Married Separated Divorced Single Widowed Registered Domestic Partner

CO-APPLICANT NAME: _____

Circle One: Married Separated Divorced Single Widowed Registered Domestic Partner

PROPERTY ADDRESS: _____

MAILING ADDRESS & ZIP: _____

PHONE (home): _____ PHONE (work/cell): _____ / _____

Applicant CO-Applicant

Do you have a Family Member, Case Manager or Power of Attorney to contact in case you can't be reached? YES NO
 Name: _____ Phone: _____

Do you own this home? YES NO Do you own this home with others? YES NO
 How long have you owned this home? _____

Did you purchase this home? YES NO Did you inherit this home? YES NO
 Do you live in this home? YES NO Are your property taxes current? YES NO

Do you have homeowner's insurance? YES NO Is the homeowner's insurance policy current? Yes NO
 Do you have a mortgage on this home? YES NO Amount of monthly mortgage payments: _____

Are your mortgage payments current YES NO Name of Mortgage Company? _____
 Date of Last Mortgage Payment: _____

Have you filed bankruptcy in the last 10 years? YES NO